

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586718

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		(1)				
7		(1)				
8		1				
9		1				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	20	←	17	←	17	←
TOTAL CLAIMS	21	[REDACTED]	18	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS	21	[REDACTED]	18	[REDACTED]	[REDACTED]	[REDACTED]